

State of Colorado
Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

BRADENHEAD TEST REPORT

Step 1. Record all tubing and casing pressures as found.
Step 2. Sample now, if intermediate or surface casing pressure >25 psi in sensitive areas, 1 psi.
Step 3. Conduct Bradenhead test.
Step 4. Conduct intermediate casing test.
Step 5. Send report to BLM within 30 days and to OGCC within 10 days. Include wellbore diagram if not previously submitted or if wellbore configuration has changed since prior program. Attach gas and liquid analyses if sampled.

1 OGCC Operator Number: 10084	3 BLM Lease No:
2 Name of Operator: Pioneer Natural Resources USA INC	4 API Number: 05-071-06976000
5 Multiple completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6 Well Name: Lorencita
7 Location (Ctr, Qtr, Sec, Twp, Rng, Meridian): SE 1/4 NW 5 34S-66W	8 County: Las Animas
9 Field Name: Purgatoire River	10 Minerals: <input checked="" type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian

11 Date of Test: 10-7-15
12 Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Injection <input type="checkbox"/> Clock/Intermittent <input type="checkbox"/> Plunger Lift
13 Number of Casing Strings: <input checked="" type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?

STEP 1: EXISTING PRESSURES					
Record all pressures as found	Tubing: <input checked="" type="checkbox"/>	Tubing: <input type="checkbox"/>	Prod Casing: 1.5	Intermediate Casing: <input type="checkbox"/>	Surface Casing: <input checked="" type="checkbox"/>

15. STEP 2: See instructions above.

STEP 3: BRADENHEAD TEST						
Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min Sec)	Fm Tubing	Fm Tubing	Production Casing PSIG	Intermediate Casing PSIG
With gauges monitoring production, intermediate casing and tubing pressures, open surface casing (bradenhead) valve (if no intermediate casing, monitor only the production casing and tubing pressures.) Record pressures at five minute intervals. Define characteristics of flow in "Bradenhead Flow" column using letter designations below.		00			7.5	
O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		05				
BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		10				
Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black		15				
<input type="checkbox"/> Other (describe)		20				
Sample cylinder number		25				
		30				
Note instantaneous Bradenhead PSIG at end of test >						

STEP 4: INTERMEDIATE CASING TEST						
Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min Sec)	Fm Tubing	Fm Tubing	Production Casing PSIG	Intermediate Casing PSIG
With gauges monitoring production casing and tubing pressures, open the intermediate casing valve. Record pressures at five minute intervals. Characterize flow in "Intermediate Flow" column using letter designations below.		00				
O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas		05				
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		10				
Character of intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black		15				
<input type="checkbox"/> Other (describe)		20				
Sample cylinder number		25				
		30				
Note instantaneous Intermediate Casing PSIG at end of test >						

18 Comments: NO FLOW on Braden Head

19. STEP 5: See instructions above

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.
Test Performed by: Bryan Morgan Title: _____ Phone: 719-859-0514
Signed: Bryan Morgan Title: _____ Date: 10-7-15
WITNESSED BY: _____ Title: _____ Agency: _____